



**SENATE STANDING COMMITTEE ON HEALTH  
SENATE STANDING COMMITTEE ON INVESTIGATIONS & GOVERNMENT  
OPERATIONS**

**NOTICE OF JOINT PUBLIC HEARING**

**SUBJECT:** Consumer Directed Personal Assistance Program (CDPAP)

**PURPOSE:** Examine CDPAP's transition to a single statewide fiscal intermediary under contract with Public Partnerships LLC (PPL).

Thursday  
August 21, 2025  
10:00 AM  
Senate Hearing Room  
250 Broadway, 19th Floor  
New York, NY 10007

**ORAL TESTIMONY BY INVITATION ONLY**

The Committees on Health and Investigations & Government Operations will hold a Joint Public Hearing on the Consumer Directed Personal Assistance Program (CDPAP). This hearing will examine the program's transition to operate under a single statewide fiscal intermediary, Public Partnerships LLC (PPL), and the challenges experienced by enrollees, workers, and stakeholders. This hearing will provide an opportunity for lawmakers to hear from stakeholders across New York State, including healthcare experts, consumer advocates, fiscal intermediaries, enrollees, and enrollees' personal care assistants, on the issues they are facing related to this transition. The hearing's goal is ensuring that the voices of those impacted by this transition are heard. Transparency and accountability will aid in identifying solutions and mitigating adverse outcomes for the thousands across New York State who rely on this program.

Persons wishing to present pertinent testimony to the Health and Investigations & Government Operations Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to five minutes' duration. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Health and Investigations and Government Operations Committees would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Health and Investigations and Government Operations Committees, in accordance with their policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), have made their facilities and services available to all individuals with disabilities. For individuals with

disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to State Legislature facilities and activities.

**Senator Gustavo Rivera**  
**Chair, Committee on Health**

**Senator James Skoufis**  
**Chair, Committee on**  
**Investigations & Government**  
**Operations**

**PUBLIC HEARING REPLY FORM**

Persons invited to present testimony at the public hearing on Consumer Directed Personal Assistance Program (CDPAP) are requested to complete this reply form by August 11 for those seeking to testify in person, and by August 18 for those seeking to submit written testimony. Please return this form by mail, email, or fax to both:

Lequela Steen  
Legislative Fellow  
Senate Standing Committee on Health  
The Capitol, 172 State Street, Room 502  
Albany, NY 12247  
Email: steen@nysenate.gov  
Phone: 518-455-3395  
Fax: 518-426-6858

**Oral Testimony by Invitation Only**

- I plan to attend the public hearing on the CDPAP transition to be conducted by the Health and Investigations and Government Operations Committees on August 21, 2025.
- I have been invited to make a public statement at the above hearing and plan on doing so. My statement will be limited to five minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I plan to submit written testimony in connection to the above hearing. I will submit such testimony electronically by August 18, 2025.
- I will address my remarks to the following subjects:  

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information.

**Please specify the type of assistance required:**

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NAME:

TITLE:

ORGANIZATION:

ADDRESS:

E-MAIL:

TELEPHONE / FAX: